

Enrollment ID# ____ _ _ _ _ 1

Date Completed (mm/dd/yyyy): ____ _ / ____ _ / ____ _ _ _

VETERANS WALK FOR HEALTH



Dear Participant,

Thank you for agreeing to participate in this walking and nutrition study.

If you have questions or would like the study coordinator to read the questions to you, please don't hesitate to ask. This survey should take approximately 20 – 30 minutes to complete.

If we publish results from the study, your individual responses will not be published, nor will your name be revealed. However, if you feel uncomfortable answering any of the questions, even knowing that your name will not be revealed, please skip those questions.

Thank you for your help with this important study.

Sincerely,

HEALTH STATUS

Instructions: The following items ask for your views about your health. This information will help keep track of how you feel and how well you are able to do your usual activities.

Please answer every question by marking the answer as indicated. If you are unsure about how to answer a question, please give the best answer you can.

H1. In general, would you say your health is:

- | | | |
|----------------|---|---------------------|
| Excellent..... | 1 | |
| Very good..... | 2 | |
| Good..... | 3 | (Circle one number) |
| Fair..... | 4 | |
| Poor..... | 5 | |

H2. The following questions are about activities you might do during a typical day. Does **your health now limit you** in these activities? If so, how much?

(Circle 1, 2, or 3 on each line)

	Yes Limited <u>A Lot</u>	Yes, Limited <u>A Little</u>	No, Not Limited <u>At All</u>
a. Moderate activities , such as moving a table, pushing a vacuum cleaner, bowling, or playing golf.....	1	2	3
b. Climbing several flights of stairs.....	1	2	3

H3. During the **PAST 4 WEEKS**, have you had any of the following problems with your work or other regular daily activities **as a result of your PHYSICAL HEALTH?**

(Please answer YES or NO for each question by circling 1 or 2 on each line.)

	Yes	No
a. Accomplished less than you would like	1	2
b. Were limited in the kind of work or other activities	1	2

H4. During the **PAST 4 WEEKS**, have you had any of the following problems with your work or other regular daily activities **as a result of any EMOTIONAL PROBLEMS** (such as feeling depressed or anxious)?

(Please answer YES or NO for each question by circling 1 or 2 on each line.)

	Yes	No
a. Accomplished less than you would like	1	2
b. Did work or other activities less carefully than usual	1	2

H5. During the **PAST 4 WEEKS**, how much did **PAIN** interfere with your normal work (including both work outside the home and housework)?

Not at all.....	1	
A little bit	2	
Moderately	3	(Circle one number)
Quite a bit.....	4	
Extremely	5	

H6. These questions are about how you feel and how things have been with you during the **PAST 4 WEEKS**. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the past 4 weeks...

(Circle one number on each line)

	All of the <u>Time</u>	Most of the <u>Time</u>	Some of the <u>Time</u>	A Little of the <u>Time</u>	None of the <u>Time</u>
a. Have you felt calm and peaceful?.....	1	2	3	4	5
b. Did you have a lot of energy?	1	2	3	4	5
c. Have you felt downhearted and blue?	1	2	3	4	5

H7. During the **PAST 4 WEEKS**, how much of the time has your **physical health or emotional problems** interfered with your social activities (like visiting with friends, relatives, etc.)?

- All of the time..... 1
 Most of the time 2
 Some of the time..... 3
 A little of the time..... 4
 None of the time..... 5

(Circle one number)

STAGES OF CHANGE

Check the box that describes how you feel about each statement. Please be **very honest** about your responses so we can better serve you. If a statement does not apply to you or you do not understand it, skip it and go to the next question. Please choose one answer only for each question, and place an X in the appropriate box.

How do you feel about the following.....?

	This has not crossed my mind.	I should be doing this, but do not.	I am ready to do this.	I do this, but not regularly.	I always do this.
C1. Avoiding junk food	1	2	3	4	5
C2. Making healthier food selections when eating out	1	2	3	4	5
C3. Eating at least 5 servings of fruits and vegetables daily	1	2	3	4	5
C4. Removing tempting snack foods from your environment	1	2	3	4	5
C5. Eating only when you are hungry	1	2	3	4	5
C6. Exercising regularly 3 or more times per week	1	2	3	4	5
C7. Limiting snacking in the evening	1	2	3	4	5
C8. Eating smaller portion sizes	1	2	3	4	5
C9. Writing down what you are eating daily	1	2	3	4	5
C10. Attending weekly weight loss classes	1	2	3	4	5
C11. Eating meals at regular times	1	2	3	4	5

How do you feel about the following.....?

	This has not crossed my mind.	I should be doing this, but do not.	I am ready to do this.	I do this, but not regularly.	I always do this.
C12. Having salad dressings on the side	1	2	3	4	5
C13. Limiting the number of fast food meals you eat per week	1	2	3	4	5
C14. Keeping track of the number of servings you eat using the Food Guide Pyramid	1	2	3	4	5
C15. Preparing healthy meals to help you lose weight	1	2	3	4	5
C16. Resisting the desire to eat when you are bored	1	2	3	4	5
C17. Reading food labels in order to make healthier food choices	1	2	3	4	5
C18. Switching to low fat frozen desserts	1	2	3	4	5
C19. Cutting down your intake of pastries (donuts, danishes, cookies, cake, etc.)	1	2	3	4	5
C20. Decreasing your intake of high fat deli meats (salami, sausage, bologna)	1	2	3	4	5
C21. Reducing your intake of regular soda	1	2	3	4	5
C22. Switching to a lower fat milk	1	2	3	4	5
C23. Using regular mayonnaise less often	1	2	3	4	5

How do you feel about the following.....?

	This has not crossed my mind.	I should be doing this, but do not.	I am ready to do this.	I do this, but not regularly.	I always do this.
C24. Cutting back on your use of fats (oil, butter, margarine, etc.)	1	2	3	4	5
C25. Using a low fat salad dressing.	1	2	3	4	5
C26. Participating in a supervised exercise program	1	2	3	4	5
C27. Incorporating more low fat foods in your diet	1	2	3	4	5
C28. Cutting down your intake of candy.	1	2	3	4	5
C29. Limiting your intake of ice cream.	1	2	3	4	5
C30. Limiting meat to 6 ounces per day	1	2	3	4	5
C31. Cooking with broth in place of oil	1	2	3	4	5
C32. Managing stressful situations without turning to food for comfort	1	2	3	4	5
C33. Limiting your intake when eating at buffets	1	2	3	4	5
C34. Avoiding "Super-sized" options at fast-food restaurants	1	2	3	4	5
C35. Balancing food intake throughout the day	1	2	3	4	5
C36. Baking or broiling instead of frying	1	2	3	4	5
C37. Counting calories to lose weight	1	2	3	4	5

How do you feel about the following.....?

	This has not crossed my mind.	I should be doing this, but do not.	I am ready to do this.	I do this, but not regularly.	I always do this.
C38. Limiting intake of cream-based soups	1	2	3	4	5
C39. Involving those close to you to support your weight loss effort	1	2	3	4	5
C40. Making healthier snack choices	1	2	3	4	5
C41. Using nonfat cooking spray when sautéing or pan-frying	1	2	3	4	5
C42. Limiting your intake of fried foods (French fries, onion rings, etc.)	1	2	3	4	5

PHYSICAL ACTIVITY

Physical activity or exercise includes activities such as walking briskly, jogging, bicycling, swimming, or any other activity in which the exertion is at least as intense as a brisk walk.

Please answer every question by marking the answer that indicates how confident you are that you could be physically active in each of the following situations.

E1. I can be physically active even when I am tired.

- Not at all Confident1
Slightly Confident2
Moderately Confident3 (Circle one number)
Quite a bit Confident4
Extremely Confident5

E2. I can be physically active even when I am in a bad mood.

- Not at all Confident1
Slightly Confident2
Moderately Confident3 (Circle one number)
Quite a bit Confident4
Extremely Confident5

E3. I can be physically active even when I feel I don't have time.

Not at all Confident1

Slightly Confident2

Moderately Confident3 (Circle one number)

Quite a bit Confident4

Extremely Confident5

E4. I can be physically active even when it is raining or snowing.

Not at all Confident1

Slightly Confident2

Moderately Confident3 (Circle one number)

Quite a bit Confident4

Extremely Confident5

LEISURE TIME ACTIVITY

Please answer the questions below by marking the answer as indicated. If you are unsure about how to answer a question, please give the best answer you can.

P1. Over the **past 7 days**, how often did you participate in sitting activities such as reading, watching TV, or doing handcrafts?

Never	1	Seldom (1 - 2 Days)	2	Sometimes (3 - 4 Days)	3	Often (5 – 7 Days)	4
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Go to Question P2.



P1a. What were these activities?

P1b. On average, how many hours per day did you engage in these sitting activities?

Less than 1 Hour1

1 But Less Than 2 Hours2 (Circle one answer)

2 – 4 Hours3

More than 4 Hours4

P2. Over the **past 7 days**, how often did you take a walk outside your home or yard for any reason? For example, for fun or exercise, walking to work, walking the dog, etc.?

Never ¹	Seldom ² (1 - 2 Days)	Sometimes ³ (3 - 4 Days)	Often ⁴ (5 – 7 Days)
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Go to Question P3.



P2a. On average, how many hours per day did you spend walking?

Less than 1 Hour1

1 But Less Than 2 Hours2 (Circle one answer)

2 – 4 Hours3

More than 4 Hours4

P3. Over the **past 7 days**, how often did you engage in light sport or recreational activities, such as bowling, golf with a cart, shuffleboard, fishing from a boat or pier or other similar activities?

Never ¹	Seldom ² (1 - 2 Days)	Sometimes ³ (3 - 4 Days)	Often ⁴ (5 – 7 Days)
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Go to Question P4.



P3a. What were these activities?

P3b. On average, how many hours per day did you engage in these light sport or recreational activities?

Less than 1 Hour1

1 But Less Than 2 Hours2 (Circle one answer)

2 – 4 Hours3

More than 4 Hours4

P4. Over the **past 7 days**, how often did you engage in moderate sport or recreational activities, such as double tennis, ballroom dancing, hunting, ice skating, golf without a cart, softball or other similar activities?

Never ¹	Seldom ² (1 - 2 Days)	Sometimes ³ (3 - 4 Days)	Often ⁴ (5 – 7 Days)
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Go to Question P5.



P4a. What were these activities?

P4b. On average, how many hours per day did you engage in these moderate sport or recreational activities?

Less than 1 Hour1

1 But Less Than 2 Hours2 (Circle one answer)

2 – 4 Hours3

More than 4 Hours4

P5. Over the **past 7 days**, how often did you engage in strenuous sport or recreational activities, such as jogging, swimming, cycling, singles tennis, aerobic dance, skiing (downhill or cross- country) or other similar activities?

Never ¹	Seldom ² (1 - 2 Days)	Sometimes ³ (3 - 4 Days)	Often ⁴ (5 – 7 Days)
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Go to Question P6.



P5a. What were these activities?

P5b. On average, how many hours per day did you engage in these strenuous sport or recreational activities?

Less than 1 Hour1

1 But Less Than 2 Hours2 (Circle one answer)

2 – 4 Hours3

More than 4 Hours4

P6. Over the **past 7 days**, how often did you do any exercises specifically to increase muscle strength and endurance, such as lifting weights or pushups, etc?

Never ¹	Seldom ² (1 - 2 Days)	Sometimes ³ (3 - 4 Days)	Often ⁴ (5 – 7 Days)
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Go to Question P7.



P6a. What were these activities?

P6b. On average, how many hours per day did you engage in exercises to increase muscle strength and endurance?

Less than 1 Hour1

1 But Less Than 2 Hours2 (Circle one answer)

2 – 4 Hours3

More than 4 Hours4

HOUSEHOLD ACTIVITY

P7. During the **past 7 days**, have you done any light housework, such as dusting or washing dishes?

No1

Yes2

(Circle one number)

P8. During the **past 7 days**, have you done any heavy housework or chores, such as vacuuming, scrubbing floors, washing windows, or carrying wood?

No1

Yes2

(Circle one number)



You're more
than halfway
there!!

Keep up the
good work!!

P9. During the **past 7 days**, did you engage in any of the following activities?

Please answer **YES** or **NO** for each item.

		<u>NO</u>	<u>YES</u>
P9a.	Home repairs like painting, wallpapering, electrical work, etc.	1	2
P9b.	Lawn work or yard care, including snow or leaf removal, wood chopping, etc.	1	2
P9c.	Outdoor gardening	1	2
P9d.	Caring for another person, such as children, dependent spouse, or another adult	1	2

WORK- RELATED ACTIVITY

P10. During the **past 7 days**, did you work for pay or as a volunteer?

NO	1	YES	2
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↓
Go to Question D1.

↓
P10a. How many hours per week did you work for pay and/or as a volunteer?

_____ **HOURS**

P10b. Which of the following categories best describes the amount of physical activity required on your job and/or volunteer work?

Mainly sitting with slight arm movements.
[**Examples:** office worker, watchmaker, seated assembly line worker, bus driver, etc.] 1

Sitting or standing with some walking.
[**Examples:** cashier, general office worker, light tool and machinery worker.] 2

Walking, with some handling of materials generally weighing less than 50 pounds.
[**Examples:** mailman, waiter/ waitress, construction worker, heavy tool and machinery worker.] 3

Walking and heavy manual work often requiring handling of materials weighing over 50 pounds.
[**Examples:** lumberjack, stone mason, farmer or general laborer.] 4

COMPUTER BACKGROUND

Please place an **X** in the box of the most appropriate response.

D1. How often do you use a computer in your home?

- [1] I **do not have a computer** in my home.
- [2] I have a computer in my home, but I **never** use it.
- [3] I use the computer in my home **less than once a month**.
- [4] I use the computer in my home **one to four times a month**.
- [5] I use the computer in my home **several times a week**.
- [6] I use the computer in my home **almost every day**.

D2. How often do you access the Internet from a home computer?

- [1] I **do not have Internet access** from a home computer.
- [2] I have Internet access in my home, but I **never** use it.
- [3] I use the Internet in my home **less than once a month**.
- [4] I use the Internet in my home **one to four times a month**.
- [5] I use the Internet in my home **several times a week**.
- [6] I use the Internet in my home **almost every day**.

D3. How often do you use a computer at work?

- [1] I do not currently work.
- [2] I **do not have a computer** at work.
- [3] I have a computer at work, but I **never** use it.
- [4] I use the computer at work **less than once a month**.
- [5] I use the computer at work **one to four times a month**.
- [6] I use the computer at work **several times a week**.
- [7] I use the computer at work **almost every day**.

D4. How often do you access the Internet from a work computer?

- [1] I **do not have Internet access** from a work computer.
- [2] I have Internet access at work, but I **never** use it.
- [3] I use the Internet at work **less than once a month**.
- [4] I use the Internet at work **one to four times a month**.
- [5] I use the Internet at work **several times a week**.
- [6] I use the Internet at work **almost every day**.

D5. Is there any other place that you use a computer with Internet access besides home or work?

- [1] **No.**
- [2] Yes, at the local public library.
- [3] Yes, at a friend or relative's house.
- [4] Yes, at _____

OTHER INFORMATION ABOUT YOURSELF

Please place an **X** in the box of the most appropriate response.

D6. Do you currently have or have you ever had:

		YES	NO
D6a.	Angina or chest pain from heart disease	1	2
D6b.	Congestive Heart Failure	1	2
D6c.	Heart attack	1	2
D6d.	Parkinson's Disease	1	2
D6e.	Lung disease, emphysema, asthma or bronchitis	1	2
D6f.	Arthritis	1	2
D6g.	Osteoporosis or thin bones	1	2
D6h.	Depression, Anxiety, or an Emotional Problem	1	2
D6i.	Sleep problems such as insomnia or narcolepsy	1	2
D6j.	Chronic Pain	1	2
D6k.	A hip or knee joint replacement surgery	1	2
D6l.	Cancer other than skin cancer	1	2
D6m.	Diabetes	1	2
D6n.	Glaucoma	1	2
D6o.	Cataracts	1	2
D6p.	Stroke	1	2
D6q.	Hearing Problems	1	2
D6r.	High Blood Pressure	1	2
D6s.	High Cholesterol	1	2

D7. Do you have a health related disability that makes it difficult or impossible for you to work?

[1] **No.**

[2] Yes, Briefly describe the disability _____

D8. Do you currently smoke cigarettes?

[1] Yes, How many cigarettes a day? _____ packs or _____ cigarettes

[2] No, I am a former smoker. I quit _____ years ago.

[3] No, I have never smoked.

D9. What is your date of birth?

Month ____ ____ Day ____ ____ Year 1 9 ____ ____

D10. What is the highest level of formal education you have completed?

- [1] Less than 6th grade.
- [2] 6th grade to 11th grade.
- [3] High school graduate.
- [4] Some college
- [5] College graduate
- [6] Graduate school

D11. What was your total household income last year?
Your household includes anyone in your family who lives with you.

- [1] Less than \$20,000
- [2] \$20,000 to \$40,000
- [3] \$40,000 to \$60,000
- [4] \$60,000 to \$80,000
- [5] \$80,000 to \$100,000
- [6] More than \$100,000

D12. What is your ethnicity?

- [1] Spanish, Hispanic, or Latino
- [2] **No**, not Spanish/Hispanic/Latino

D13. What is your race?

- [1] American Indian or Alaska Native
- [2] Asian
- [3] Black or African American
- [4] Native Hawaiian or Other Pacific Islander
- [5] White

Thank you for completing this survey!



All finished!!

Thanks for your
participation!!